

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 996000071799

1. Corporation Name

PORT ORANGE RECYCLING CENTER & AUTO SALVAGE, INC.

Mailing Address

830 Commonwealth Boulevard
Port Orange, FL 32127

Principal Place of Business

Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8-26-96

5. FEI Number

59-3407362

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

98 MAY 20 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-98

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Valenti, Barbara	688 Alcazar Avenue	Ormond Beach, Florida 32174
S/T	Freed, Pamela M.	251 Timberland Avenue	Longwood, Florida 32750

700002537607--3
-05/27/98--01104--003
****900.00 ****900.00

8. Name and Address of Current Registered Agent

Valenti, Barbara
688 Alcazar Avenue
Ormond Beach, Florida 32174

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Michael Freed

REGISTERED AGENT MUST SIGN

Date 5-18-98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for
additional information)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Pamela M. Freed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAMELA M. FREED

3/13/98

Date (904) 767-9015 Daytime Phone #